MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51						
2	1					1	52						
3						1	53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11							61						
12							62						
13							63						
14							64						
15	1						65						
16		1					66						
17							67						
18	1						68						
19		1					69						
20							70						
21	1						71						
22		1					72						
23		2					73						
24		1					74						
25		1					75						
26	1						76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		1					82						
33		1					83						
34		1					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39	1						89						
40		1					90						
41		2					91						
42		2					92						
43		2					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	61						TOTAL DEP.						
TOTAL CLAIMS	70						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS